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CONTENTS.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Gonorrhœa and Imaginary Spermatorrhœa.—Given at St. Mary's Hospital June 14th, 1861. By THOS. K. CHAMBERS, M. D., etc.

GENTLEMEN: In bed No. 7, Cambridge ward, is a man whom I have just discharged as "*cured*" of rheumatic fever under the alkaline treatment as rapidly as usual. My reason for calling your special attention to the case is, that at the same time that he got acute rheumatism he had also contracted gonorrhœa. The rheumatism was not gonorrhœal, as was shown by its metastasis, by its being situated in the muscles, and by its rapidly yielding to ordinary alkaline treatment. Nor was the urethral discharge rheumatic; it was, as the patient well knew, derived in the usual way from the contagion of an animal poison or *virus*—gonorrhœa *viru*-lenta. It is only by the accident of their having other complaints that such patients are admitted into the wards, being usually treated as out-patients; and I am always glad to have them, in order to take the opportunity of teaching you a few important facts concerning the pathology of the disease. The poison of gonorrhœa, as a rule, attaches itself to the urethra alone, and (like all animal poisons on mucous membranes) has a tendency to run a definite course, to exhaust its virulence by the formation of pus, and so to cure itself. I always, therefore, leave these hospital cases quite alone for your instruction; and, if they are recent, you see them get quite well of their own accord: sometimes in four or five days, as happened in the case before us; sometimes after a longer period; but always without any unfavourable symptoms. The fact is that gonorrhœa is naturally, in both male

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and female, a most mild disease, with power to get well in about a fortnight by the simplest treatment, if only it is not made severe by the folly of the patient or his medical attendant. I consider all primary heroic treatment of urethral discharges a most unjustifiable interference with nature.

Doubtless a good many patients are tough enough to bear without ill consequences local tampering with urethra; but very frequently you will have stricture and swelled testicle follow, and every now and then you will have a result which will weigh on your conscience for the rest of your lives. You may have the blood of a fellow-creature on your head.

Capable as the urinary mucous membrane is of taking care of itself and getting rid of poisons which are in a manner natural to it, it resents foreign irritants; and it resents them most particularly when it is not guarded by a purulent coating and is in a healthy state. As an example of the fearful consequences which may follow unjustifiable interference with it, I will relate to you the history of a private patient whom I have lately attended with Mr. Lane, premising that the facts are taken from a deposition solemnly made by the poor fellow when he found his death approaching.

"Mr. S——, aged twenty-one, had a congenital phymosis, which prevented the complete retraction of the prepuce for purposes of cleanliness, and so caused an occasional thick discharge from the glans, which exhibited its sebaceous oily nature by being with difficulty washed off from his flannel underclothing. He said he had never experienced any difficulty or pain in making water; the urine was clear and healthy; there was no irritability of bladder during the late severe winter, and his general health was strong. He had every few weeks the usual nocturnal emission of robust youths. In an evil hour, as he informed me, he went to Mr. R. Dawson, of Finsbury-circus, to have the phymosis removed. This was on a Friday, and the following Monday he went to show that the slight operation had succeeded, and that the place was healing or healed. But unfortunately he alluded to the discharge above mentioned, and in his ignorance suggested that it might be seminal. *Without asking any questions about the symptoms*, as he informed me, Mr. Dawson then and there passed into the urethra an instrument like a catheter, with a central piece and lateral holes. This instrument was filled with an ointment, of the consistence of lard,[1] which was injected out from the instrument by means of an apparatus at the end. Very slight pain was produced by it. He continued to attend Mr. Dawson every Monday and Thursday, and had the instrument passed. Usually the ointment appeared to be injected about three inches into the urethra; but twice it was thrown up into the bladder, as the patient judged by his sensations. A fortnight after the instrument was first passed, irritation in the region of the prostate gland and in the perinæum commenced; he passed urine with difficulty, and pus was discharged from the urethra with and without the passage of urine. The patient being then thoroughly alarmed, wrote to me, and I went to see him on May 17th, and found at the house Mr. Dawson and a medical man, named Venables, whom he had brought with him. It appeared from the patient's statement that Mr. Dawson had again passed a catheter smeared with some brown tincture, and drawn off a quantity of turbid urine. He heard that I had been sent for, proposed to leave the case in my hands, and disappeared from the scene. On examination of this turbid urine, it was found to consist in a great measure of thick pus, and I had no hesitation in arriving at the diagnosis of artificially induced inflammation of the bladder. The treatment adopted, without any disagreement, by my colleague, Mr. Lane, and myself, was simply calmative. It is unnecessary to detail the progress of the case. Suffice it to say that it ended in death on the 30th of May, and that a post-mortem examination was made by Dr. Broadbent. The bladder, which I here show you, was in an advanced stage of inflammation, the fundus ulcerated, denuded of its mucous coat, and resembling sloughy cellular tissue. The inflammation had extended also up the ureters to the kidneys, which were soft, congested with blood of a chocolate-brown colour, and disorganized. This appearance has been partially obliterated by the spirit in which the parts have been preserved; but enough remains to

[1] The nature of this ointment I do not know for certain, but I find in a volume presently to be alluded to, that Mr. Dawson usually employs "an ointment of iodine and chloride of zinc, applied by means of an instrument constructed for the purpose."

show you what extensive inflammation may be set up by artificial irritation of the urinary mucous membrane."

I hope this case will remain in your minds as a ghastly reminder not to interfere unnecessarily with a healthy urethra. There is no reason to believe that this young man ever had anything the matter with his urinary passages previous to the unfortunate direction of his attention to them. What was the commencement of this? Not any symptoms, but I fear the selfish suggestions of one of our own profession; for on opening his drawers after death the first book that presented itself was a volume on "Spermatorrhœa," by Richard Dawson, "with the author's compliments."[1] From this doubtless he had imbibed the notion which led to his death; and upon the circulation of such books amongst non-professional persons rests clearly the infection of their minds with the foul ideas on this subject so rife in the present day.

Real spermatorrhœa is a most rare, almost unknown disease. If you ask all the physicians and surgeons of prominent standing, the hospital staffs in this metropolis, they will tell you they are doubtful if they ever saw a decided case. But of *imaginary* spermatorrhœa they have almost daily instances in private practice. Persons whose minds are unhinged with the horrid suggestion are constantly coming before them; and if the poor creatures will confess to the source of their impression, it may generally be traced to the reading of beastly books or advertisements in the newspapers. You could scarcely imagine how enormous is the circulation of these publications; under specious titles, they are advertised at the cost of about £20,000 a year, and are sent all over the globe. When travelling with the Prince of Wales two years ago, I found them wherever I found Englishmen; and a captain in her Majesty's navy told me he had caught them in the hands of his midshipmen in the Mediterranean.

The nature of the cases under the delusions of these ingenious traps, and presenting themselves to you as spermatorrhœa, are various. There are:—

1. A gleety discharge from slight stricture.

2. A similar discharge from pure debility, exactly analogous to leucorrhœa in the female. This is common in the active minded, who use much mental exertion at night, such as students cramming for examination, etc.

3. Incapacity to complete the generative act from mental agitation. This happens to new-married men from modest respect, and to the unmarried from consciousness of sin, and disgust towards the female. The same mental agitation produces simultaneously indigestion and a deposit of lithates in the urine, which is then supposed to be semen.

4. Nocturnal pollutions, arising solely from the habit of oversleeping; but rarely affecting the health, except secondarily through the mind.

5. Slight epileptic fits.

6. Simple delusions, grounded on no symptom, but taking this form on account of the secret publicity given to the gross exaggerations and falsehoods contained in the books I have alluded to.

7. The fallacies which harass these poor people are often the more deeply ingrained by the consciousness of dirty habits in their boyhood, though probably those habits have been long left off, and have never been practised to the extent of injuring the health. But sometimes you will find patients complaining of "spermatorrhœa" half with the idea of deceiving, and half as a euphemistic way of telling you that they are still addicted to self-pollution.

These are the most common of the cases you will see. When you first enter upon practice, their extreme frequency, combined with the entire absence of the complaint supposed to exist, is a great surprise to you. But I trust no pupil of St. Mary's Hospital will ever be led to sacrifice the interests of truth by pandering to the unhappy error of the patient. He may make his purse heavy, but his conscience will be weighted in double proportion, and sooner or later he will most surely be found out and held up to the scorn of his brethren.

Strange to say, education does not at all guard people against these fallacies. Within the last three months I have had under my care a young medical man in active practice, an experimental physiologist, and an observant civilian in the Indian service, with imaginary spermatorrhœa. Two of them

[1] While alluding to this publication, I must take the opportunity of defending a body to which I have the honour of being an officer from a statement which the volume bears on its title-page. Mr. Dawson describes himself as a "licentiate of the College of Physicians." He never was so, neither does his name even appear on the list of extra-licentiates last published.

were anxious to marry, and were refraining from causeless fear. You will be obliged to have your wits about you, to argue and to reason instead of pooh-poohing, and it will give you much intellectual exertion to convince your patient that he is not ill. But it must be done or tried at, or else you will deserve to be kicked out of the profession, and will run a fair chance of getting your deserts.—*Lancet*, June 15, 1861.

HOSPITAL NOTES AND GLEANINGS.

Death while under the Influence of Chloroform.—Two cases of this accident are recorded in a recent No. of the *Medical Times and Gaz.* (Sept. 28, 1861).

The *first* case occurred in the Cumberland Infirmary. The subject of it was a man 35 years of age, carpenter, admitted Aug. 17, 1861. A year ago he received an injury to his urethra, two inches from the penile orifice. He then had complete retention of urine, on account of which he became an inmate of an Infirmary, where he was relieved by tapping the bladder; and afterwards no catheter was got through the stricture.

During the last few months his urine has passed by drops. In this state he was admitted into the Cumberland Infirmary, and after several ineffectual attempts to pass a small catheter, and owing to the sensitiveness of the parts, it was proposed to do it under chloroform, to which the patient readily agreed.

On the 5th inst. chloroform was administered, by Mr. Devereux, the House-Surgeon, by means of a small piece of lint made in the shape of a cone. Two drachms were used. Insensibility was produced in the usual way, without the patient exhibiting any unusual symptoms. The lint was then removed from the mouth, and Mr. Page commenced the operation. In about two minutes afterwards a sudden change was observed in the expression of the patient's face. The lips became livid, the eyelids were half open, and the pupils were much dilated. He was then observed to take a deep inspiration, and the pulse ceased almost immediately. Galvanism and artificial respiration were resorted to, and kept up for twenty minutes, without producing more than three or four spasmodic efforts at inspiration.

At the post mortem examination, next day, the heart, lungs, and liver were structurally healthy, but slightly congested. The blood was fluid throughout the body. The whole structure of the left kidney was converted into ten cavities, varying in size from a hazel-nut to a pigeon's-egg, separated from each other by thin walls. Their interior was filled with a mixture of pus and a thinner clear fluid. The left ureter was much thickened, and filled with thick purulent matter. Right kidney weighed six ounces and a-half, and appeared quite healthy, with the exception of its increased size. The walls of the bladder were thickened, and the urethra corresponding to the seat of obstruction was found nearly obliterated by a hard cicatrix.

The *second* case occurred in the New-Castle-on-Tyne Infirmary. The subject of it was a man aged 32, admitted Aug. 15, 1861, under the care of Mr. Annandale, for scrofulous disease of the left knee-joint. Amputation was proposed, and to this he consented, though the idea seemed to fill him with alarm.

On Tuesday, September, 3, being operation-day, he was prepared with others for operation, but being in a state of great trepidation he was ordered brandy prior to being removed to the operating-theatre. On being placed on the operating table he was still labouring under considerable alarm. Mr. Bolten, the House-Surgeon, in the presence of Sir John Fife, Mr. Annandale, and other gentlemen, administered chloroform. He was readily placed under its influence, without any respiratory or muscular excitement whatever. There was no more than two drachms of chloroform used, dropped in the usual way upon a simple fold of bandage held over the nose, and the tourniquet was being applied to the limb, when a sudden relaxation of the sphincters took place, the pupils dilated, the pulse ceased, and respiration continued but a few seconds after. Galvanism, artificial respiration, and other means were promptly resorted to without avail. He was dead.

At the post-mortem examination the right side of the heart was found gorged with blood, as might have been expected in death from cardiac syncope. There was no pulmonary congestion, and further than might be expected in a scrofulous subject, there was no evidence of disease in any of the internal organs.

Wounds into Joints.—A boy, aged 12, was admitted into St. Bartholomew's Hospital, in July last, with a small wound on the inner side of his knee-joint. It was difficult to ascertain with accuracy the time or the nature of the cause, which, however, had occurred several days prior to his admission. Some four or five days afterwards, Mr. Smith extracted a pin from the wound, which had obviously penetrated the joint, from which synovial fluid now escaped for several days. The fluid became purulent and copious; the joint hot, swollen, and extremely painful. Matter collected under the skin in the neighbourhood of the original wound, which required a second puncture. Large flabby granulations, almost invariably accompanying wounds into joints, formed around the two orifices, and existed for a month. The granulations at length subsided, the wounds healed, and the joint regained its normal size and appearance. Can this boy recover the former mobility of the joint, or is anchylosis inevitable? I believe it quite possible that the functions of the joint may be restored. I have had two cases of wounds into the knee-joint, in which discharge of synovia, of many days' duration, was followed by the free escape of pus from the cavity of the joint, continuing for a fortnight in one case, and ten days in the other; and in both cases the joint entirely recovered its functions. Of the restoration of the joint in the above case, however, I am not sanguine, from the protracted nature of the disease, the progress of which occupied a term of many weeks. The subject has not been investigated, so far as I know, but it is not devoid of surgical interest.

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Excision of the Knee-Joint.—In our preceding number (p. 167), we noticed three cases of excision of the knee-joint, performed by Mr. Price, at the Great Northern Hospital. The patients, at the date of the report, were still in hospital. They left shortly afterwards, with a good and useful limb.

In two instances, girls of the respective ages of about five and a half and seven years, the union was primarily fibrous and flexible; but in the third case, a girl, fourteen years of age, the junction between the cut surfaces of the femur and tibia appeared, after the lapse of nearly seven weeks (at which period the splint was for the first time shifted), to be of a firm, osseous character. In fact, in every instance the operation has been attended with the most complete success.

We have now to notice the following, which is a *fourth* case.

The patient, a girl, aged eleven years, had been the subject of extensive disease of the left knee for a considerable time. At the date of her admission into the Great Northern Hospital, she stated that she had been a patient at two metropolitan hospitals, where the limb had been blistered, issued, &c. The joint was greatly swollen, and at one part fluctuation could be readily distinguished. The pain, especially at night, was considerable. The leg had become fixed at a right angle with the thigh, and the tibia appeared dislocated backwards and inwards. The patella was tightly fixed to the external condyle.

Amputation or excision being the only admissible operation, Mr. Price, after having kept the child in hospital for some time, so as to improve her emaciated condition, excised the vitiated articulation on August 8th.

A large abscess was found occupying a considerable extent of the joint, the cartilages in parts were entirely removed, and the bone was rough and ulcerated. The pus which flowed away on opening the joint showed that it had been in contact for some time with decayed bone. About an inch and a quarter was removed from the end of the femur, and a very thin slice from the head of the tibia. The inner portion being excavated by a large abscess, the gouge was freely used to scoop away all disease. The patella was likewise taken away. The bones came well into apposition, and the limb was fixed to the splint Mr. Price is in the habit of using. There was little bleeding, and we noticed that, ere the lips of the single line of incision were united, the limb was permanently adapted to the apparatus. By this arrangement, the surgeon can be quite certain that the ends of the bones are, after adjustment of the extremity, in accurate apposition.

Owing to the distortion which existed, the hamstring tendons of both sides were divided, which saved the necessity of removing a still greater extent of bone.

The patient has, up to the present time, continued rapidly to improve in health, and there is every prospect of her soon leaving the hospital with a good and useful limb.

It was astonishing to notice how very little shock, if really any, followed this operation in every instance. The perfect adjustment of the ends of the bones, the immovable position in which the limb is maintained, and the great care taken in the dressing of the wound for the first week, are the chief secrets of the success of this operation.

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Detachment of the Epiphysis of the Radius in both Arms.—A boy, aged eight years was admitted a few weeks ago into the London Hospital, on account of injuries sustained in a fall from a tree. He was suffering from concussion, and could not give a clear account as to the exact manner in which he fell; but it was almost certain that he had fallen forwards, pitching on his outstretched hands, and afterwards striking his head. The deformity was most marked in the right wrist, where it was so great that the receiving-room porter announced the case to the house-surgeon as "a dislocated wrist, sir." As usual in these cases, which by untrained observers are considered to be dislocations of the wrist, the lesion proved to be a detachment of the extremity of the radius. By extension all deformity might be removed. No crepitus was felt. In the left wrist the state of things was exactly similar, but the deformity not so great. Both were put up in splints in the usual manner.

The boy remained in the hospital about a fortnight, on account of his head symptoms, and from which at the time of discharge he had wholly recovered.

Three weeks after the accident the epiphyses were firmly united to the shafts, with, however, a large amount of thickening and some displacement forwards.

Mr. Hutchinson remarked to the students that this was the first instance of a symmetrical detachment of the radial epiphyses which he had ever met with. He had, however, several times seen Colles's fracture of the radius in both arms, and it was to this accident in the adult that detachment of the epiphysis in children was analogous. Both forms of injury usually resulted from falls forward on the palm of the hand. In young persons the epiphysis slipped off, whilst in those whose bones were fully ossified, fracture took place across, or very near to, the line of union. Detachment of the epiphysis, although but little spoken of in books, is by no means rare in practice. It is true that Colles's fracture in adults is very much more common than is detachment in children. But then we must remember that fracture of the clavicle, which is due to the same form of violence, is much more common in children than in adults. At University College Hospital alone, during a single month, there were as many as twenty cases of clavicular fracture in children, as we were informed by Mr. Lyons, the house-surgeon. As a rule, it requires much greater force to detach an epiphysis than to break a fully ossified bone, and it is to this fact that we must refer the disproportion alluded to.—*Lancet*, Aug. 24, 1861.

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Rapid Absorption of Pus from the Anterior Chamber of the Eye.—If any of our readers still doubt as to the possibility of the absorption of pus the following case may be of interest. It illustrates an event which is not at all unfrequent in the practice of our ophthalmic hospitals, though the process was certainly more rapid than usual:—

Richard D., a boy, aged 6, was admitted under Mr. Dixon's care, at Moorfields, on Thursday last. His right eye was acutely inflamed, there being a central ulcer on the cornea and hypopyon. The quantity of pus in the anterior chamber was, perhaps, about two drops, it was quite fluid, occupied the most dependent part of the chamber, and moved on motion of the head. There had been no known injury, the inflammation having commenced spontaneously with much pain three days before. The boy appeared out of health and feeble. He had already been well purged. A blister was ordered to be put behind the ear, and a grain of quinine to be taken three times a day. When the boy attended on the following Monday *every vestige of the pus had disappeared*, and the whole aspect of the eye was greatly improved.

The result of this case cannot but be instructive to those who advocate paracentesis of the anterior chamber in hypopyon. With regard to the general question of the absorption of pus, we may ask, why should not that occur in abscesses, in empyema, in suppuration of joints, which we see so clearly and so frequently in cases of purulent effusion into the anterior chamber of the eye?—*Ibid.*

Oxidation of a Silver Canula persistently worn for Six Months after Tracheotomy.—There are certain instances of extensive disease of the larynx in which tracheotomy has been performed, that require a canula to be constantly worn, unless a permanently patulous opening remains, which obviates its use. When an instrument is thus worn, it should regularly be removed to permit of its being cleansed; for if this precaution be neglected, the silver becomes oxidized, and the tube so thin and brittle that it is liable to break in the trachea, and become lodged as a foreign body. An instance where this was nearly happening occurred in the month of June at Guy's Hospital. A woman, aged about forty-five years, underwent tracheotomy for extensive syphilitic disease twelve months before, by Mr. Bryant. She made a good recovery, and was directed to present herself every three months to have the canula changed. On two occasions this was done, but she allowed six months to elapse before presenting herself the third time. The consequence was, that on drawing out the internal tube, some blood followed, and on withdrawing the other, it was found to be a mere shell of metal from oxidation, and was on the point of breaking into several pieces. It was covered with black oxide of silver, which, on friction with the fingers, resembled soot. The inner tube, although discoloured, was not otherwise injured. The outer tube was perforated here and there, and was friable on removal. Had it been retained but a very short time longer, the patient would have run a great risk of suffocation from the lodgment of any separating fragment. Another canula was now introduced, and the patient left the hospital.—*Lancet*, Sept. 14, 1861.

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Housemaid's Knee.—Mr. Skey has purposely admitted into St. Bartholomew's, a large number of cases of this affection, and they may be supposed to have presented every variety of form, character, and stage of progress. "I am not sanguine enough," he observes, "to entertain the hope of shaking the confidence of many surgeons in the efficacy of blisters and tincture of iodine, which may be applied and reapplied for months without the smallest impression on the disease, so far as I have witnessed their effects. Indeed, with respect to the latter agent, I regret to say that I know of no chemical or therapeutical agent in such general resort as a local remedy in disease which is so commonly inoperative for good; and in these bursal diseases it appears to me to be especially so. If a full-sized thread be passed through the centre of the swelling, be it large and hard, giving the sensation of a solid mass, but in the centre of which is always found a small cavity or fissure; or be it soft, and containing fluid, whether large or small, suppuration in the course of from two to five or six days, will inevitably follow. The thread may then be removed. The disease is converted into an abscess, and may be treated as an abscess. I may assert, without exaggeration, that I have cured from 100 to 200 cases on this simple principle. No other caution is necessary beyond the removal of the thread when the orifices through which it has passed indicate the inflammatory action incidental to its presence.

"The same agent, and on the same principle, is equally applicable to *ranula*. Indeed, it is quite remarkable with what rapidity this disease recedes under the action of the thread, whether the cyst be of average or of the largest size. Of the latter I have reported some, and treated several of such magnitude as to require the lower end of the thread to be brought out in the neck at some distance below the base of the jaw."—*Lancet*, October 5, 1861.

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Treatment of three cases of so-called Impermeable Stricture.—It is less rare now than it formerly was to meet with strictures which are regarded as impermeable. Of course, a stricture is never really so through which some urine, however small in quantity, still passes. It may issue in a minute thread-like stream, or only in a succession of drops; it may pass thus entirely through the urethra, or it may be mainly passed through fistulous passages in the perinæum or scrotum, as in one of the following cases; but in almost every instance a certain portion still passes through the urethral canal, however contracted it may be. This being the case, there is great encouragement to endeavour to pass an instrument of some size through the narrowed channel, and in almost all cases this may be accomplished. Of course the instrument must be small enough to correspond with the size of the stream, and in extremely narrow strictures it must be exceedingly small, when the

utmost care is required in manipulating it. If it can be passed through the stricture, by careful, patient, and gentle management, into the bladder, the advantage for the patient is great, and a far better result is accomplished than any other operative proceeding offers; for, being once introduced, it happens, in the great majority of instances, that it can be tied in for a day or two, that the stricture dilates under this process, and that, in the course of a few days, large instruments will pass with ease. The rapidity and the power of this means of treating such cases render it frequently one of very great value. Three illustrations of it have recently been under Mr. Thompson's care at this hospital, which may be thus briefly reported:—

Case 1. M——, aged forty-six, admitted into University College Hospital, April 27th, 1861, on account of old and confirmed stricture, occasioning frequent attacks of retention, for which numerous attempts to pass a catheter had been made, but without success. He suffers severely from this painful symptom of his complaint.

May 1. A tight stricture was found at the distance of five inches and three quarters from the meatus. Mr. Thompson succeeded in passing a small-sized silver catheter into the bladder and drawing off the urine. It was tied in the usual manner.

3*d*. No. 4 was substituted.

4*th*. He had a slight attack of fever, and the catheter was removed.

7*th*. Another instrument (No. 3) was introduced and tied in.

8*th*. It was exchanged for a gum-elastic instrument (No. 4).

9*th*. No. 6 was introduced and tied in.

12*th*. No. 10 has been reached through gradual steps by continuous tying in.

13*th*. Nos. 9 and 10 were passed and removed.

14*th*. The same.

15*th*. He was instructed in passing a gum catheter for himself, but managed clumsily, produced a little bleeding, and had a rigor afterwards.

24*th*. His urethra has been maintained at No. 10 by passing instruments. The stream is full. His symptoms have disappeared, and he is ready to leave for the country, but stays only to learn how to pass an instrument for himself before he is permitted to take his discharge.

28*th*. He is finally discharged, free from all his former symptoms, and passing a full stream of urine at the usual intervals of time.

Case 2. R——, aged fifty-six, admitted May 12th, 1861. Lives in London; has had stricture for twenty years, and been under repeated and long-continued treatment; but an instrument was never yet passed into the bladder. He has been in hospital two or three times for retention of urine; and for treatment of the stricture. Has now four or five fistulous openings in the perinæum on the nates, and in the scrotum, which is much inflamed, through which most of the urine passes; much of it escapes involuntarily during sleep. His local condition and his general health are exceedingly bad.

May 14. A close stricture was found five inches from the meatus. After much difficulty, a No. $\frac{1}{2}$ silver catheter was introduced through the stricture and into the bladder, removing about twenty-five ounces of urine; it was not tied in.

17*th*. The same instrument re-introduced, and tied in.

18*th*. An attack of shivering and fever; instrument removed. Opium and brandy administered.

21*st*. He has quite recovered; urine passes a little better, but is, as usual, loaded with pus and mucus. No. $\frac{1}{2}$ again introduced, and the bladder emptied.

23*d*. Fever and constant micturition. Hot hip-bath and aperient.

24*th*. His bowels having been opened, the same catheter was passed, and tied in. Opiates administered, and his usual amount of stimulant.

26*th*. He took his catheter out at night. In the day Mr. Thompson introduced No. 1, and tied it in.

In this manner, with several relapses, the treatment was pursued, until, in the beginning of June, a No. 9 gum catheter was reached. He had attacks of irritation and pain, with frequent micturition, after the instruments were withdrawn, rather than during the time of their sojourn in the urethra.

By the middle of June his symptoms had much improved; he retains his urine three or four hours; passes it in a good stream; a small quantity only comes through a fistulous opening; two of these have healed; his health is improving. Nos. 7 and 8 are passed every third day.

June 24. He has made excellent progress. To be discharged, and attend twice a week as an out-patient, in order to learn to pass an instrument for himself, which it is necessary to do, as his bladder never empties itself, on account, not of any existing obstruction, but of the weakened condition of its coats, from the organ having been so long distended with urine, the overplus of which only has been discharged at each act of micturition.

July 5th. He passes a No. 8 gum catheter for himself with ease. His fistulæ have healed. He has little now to complain of, and is in better health than he has been for many years.

Case 3. R——, a young man, admitted on the 8th of July last. He has been treated for stricture for many months, but no instrument has yet been passed.

July 9. The stream is exceedingly small; a stricture was found at five inches from the meatus; and an attempt to pass an instrument was unsuccessful. No. 1 catheter was the smallest employed.

11*th.* To-day, after some difficulty, No. ½ was passed into the bladder, and the urine drawn off. The catheter to be tied in in the usual manner.

12*th.* Exchanged for a gum catheter, No. 1.

14*th.* The former is removed, and a No. 3 gum catheter is introduced in its place.

18*th.* After several changes, No. 9 was used to-day, and removed. There have been no rigors nor the slightest bleeding, and not a single bad symptom of any kind has occurred throughout.

25*th.* He was finally discharged to-day, No. 10 having been reached, which he is now learning to pass for himself. All the symptoms have disappeared.—*Lancet*, Aug. 24, 1861.

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Severe Injury from a Fall down a chimney shaft fifty feet high; death six weeks after; pus found in gall-bladder.—Falls from a considerable height are generally quickly fatal, unless the descent be broken in such a way as to save the vital organs from injury. We have placed examples of this kind on record as opportunities have permitted, and we now publish another, the particulars of which were kindly communicated by Mr. Edwin Chisholm, one of the house-surgeons. The injuries sustained were chiefly in the lower limbs. The fall was, so far as could be ascertained, unbroken, the chief force being spent upon the feet as they came in contact with a barrow at the bottom of the shaft. A recovery was hopefully anticipated at one time. A fatal result nevertheless ensued from a large bed-sore; and the only pathological appearance noted after death was ulceration of the interior of the gall-bladder, which contained pus mixed with bile.

John S——, aged thirty, was admitted into St. Mary's Hospital, on the 22d of June, 1861, having just fallen down the shaft of a chimney fifty feet in height. Both feet struck a barrow at the bottom of the shaft, and with such force that the left tibia was fractured obliquely at its upper third; as also was the fibula a little lower down. The inferior part of the bone was split up for some inches from below upwards, but without much displacement. The integument of the heel was torn almost completely off, and was held attached by the tendo-Achillis. The os calcis was fractured through its centre, and the under surface of the astragalus was broken away. The bones of the right foot were also broken, but not so extensively, for the injuries in it were not detected until a few days after, when the swelling had subsided. The rest of the body was comparatively free from any mark of violence. When the accident occurred the patient was in a partially intoxicated state.

Under the influence of treatment the fractures united, although not in a very good position, which was owing to the restlessness of the patient, who was very frequently delirious during the remaining short period of life. Brandy was daily administered, with the effect of producing sleep and quietness after it. The wound in the foot had nearly healed, and the granulations were healthy. A very large slough formed on the lower part of the back, which extended over the entire sacrum and down to the coccyx. This was difficult to manage, and was considered to be mainly the cause of the patient's death, which took place on the 1st of August, nearly six weeks after the injuries were inflicted. Some days before death his motions and urine were passed involuntarily.

At the autopsy every viscus was found healthy; no deposit was found anywhere. The liver was fatty, but otherwise normal. A large amount of pus, with green shreds

of lymph, were found in the gall-bladder, but it did not communicate with the hepatic duct. The mucous coat was ulcerated in two places, and was on the point of perforating the peritoneal investment. No lymph was found in the peritoneum. The spine and other parts were healthy. The fracture in the left foot was ununited, but that in the leg was firmly united. The lower part of the limb, from the ankle-joint, was split upwards in various directions.

It is most probable that in this case, besides the injuries described, there was concussion both of the spine and brain, although the symptoms were not at any time well marked.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

New Rhinoplastic Operation.—Dr. E. S. Cooper states (*San Francisco Medical Press*, July, 1861), that he has "had several cases, recently, in which we practised, with entire success, the method of introducing thin arched plates of virgin silver into the soft tissues, to hold them up, when the bones of the nose had been lost. Thus far, they bid fair to succeed admirably, as there is every prospect that these plates will become encysted, in most cases, though time enough has not yet been given to test the method, in this respect. There is one advantage this plan has over that of transplantation, viz: that it entails no additional deformity, even should it fail entirely in relieving the one for which it is tried, and we believe that, in all cases, it may be rendered beneficial, where bony structure alone has been lost. We have a case under treatment now, in which a considerable part of the ossa nasi, the vomer, and a fragment of the superior maxilla were lost—so much so, that the major part of the tissues, representing the nose, rested entirely below the surrounding surface. A more disagreeable deformity of that organ could not possibly occur.

"The operation, in this case, consisted in raising the integument, which was formerly the covering of the nose, upon the blades of a small pair of forceps, dividing them, in a median line, for nearly an inch. After which, the scalpel was passed on either side, so as to separate them into two plates, to the same extent in width as the incision was long. The knife was passed under the skin for nearly two inches, on either side, for the purpose of increasing the capacity of its stretching qualities. Two arched plates of silver, shaped like the ossa nasi, three lines wide, were introduced, and the integuments brought over them, so that the nose at once assumed the natural shape of one pretty well formed, which it retains still, six weeks after the operation. This, and other cases, shall be published in detail, as soon as their ultimatum is known.

"It is quite certain that this operation will almost always be of benefit, when the bones of the nose are lost and the soft parts depressed, because should we be compelled to remove the plates, after three or four months, the parts will become so much consolidated as to retain, to a great extent, their new position. This has occurred in one case already.

"The deposit and hardening of tissues around the metal were sufficient to retain the parts elevated after its removal, and thereby to remove almost entirely the deformity. This subject shall be discussed fully, as experience enables us to speak practically of it in all its bearings. The method of operating will be described more fully when the cases are given *in extenso*."

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Varicocele.—The editors of the *Berkshire Medical Journal* (No. for Oct. 1861) state that they have lately met a number of cases of varicocele in the examination of recruits for the Federal Army, and as the statistics of this affection have not been collected, they urge upon the medical examining officers at the different stations to keep a record of their cases in order to determine this point. Of 15 men examined, 5 had varicocele, all on the left side. They were all unmarried men between 18 and 22 years of age. No constitutional or pathological cause for this affection could be discovered.

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Medical School of Maine.—Prof. J. T. Dana, has been transferred from the chair of Materia Medica to that of Theory and Practice of Medicine; and Dr. Wm. C. Robinson, of Portland, has been elected Lecturer on Materia Medica in the Medical Department of Bowdoin College, Maine.

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Medical Department of the University of Louisville.—The twenty-fifth annual ses-

sion of this institution is announced to commence on the first Monday in November and to close on the last of February. The number of graduates at the close of the last session was 44.

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Medical Department of the University of the Pacific, San Francisco, Cal.—The fourth regular course of lectures in this institution will commence on the first Monday in November and will be continued for eighteen weeks. The fee to each professor is *twenty* dollars; matriculation fee *five* dollars; graduation fee *fifty* dollars. The number of graduates at the close of the last session was *five*, and *one* received an *ad eundem* degree.

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Obituary Record.—We regret to have to record the death of the venerable Emeritus Professor of Materia Medica in Yale College, Eli Ives, M. D., which took place at New Haven on the 8th October, at the advanced age of 84 years.

FOREIGN INTELLIGENCE.

Extraordinary Case of Injury to the Head.—M. Bonnessous relates the case of a man between 30 and 40 years of age, who two years and eight months before he saw him had been attacked and wounded in several places by an assassin, one of these wounds being over the left parietal bone. During the period which had elapsed he had been under various persons' treatment, but the injury to the parietal had not been particularly examined. He suffered much in his head and had become almost idiotic. On examining the head, the author found, just above the left ear, a resisting tumour about the size of a bean, covered by healthy skin, and exhibiting traces of a delicate cicatrix. Pressure on this gave great pain, and aggravated the cerebral symptoms. Cutting into the tumour, the blade of a poniard-knife (nearly 10 centimètres long, and about 12 millimètres broad, with a back of about 3 millimètres), was extracted. A probe carried into the track whence the knife had been extracted, passed quite horizontally, so that no doubt could remain that this blade had been buried within the cerebral mass for two years and eight months. The patient went on well and recovered his mental energies—epileptiform attacks, which had followed the injury, having diminished in frequency.—*Revue Méd.*, March, p. 348.

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Regeneration of Bone.—Dr. Lamare-Piquot has communicated to the Academy of Sciences a highly interesting paper relative to a case of regeneration of bone which occurred in his practice. The patient, a boy of fourteen, met with a fearful railway accident, one of his arms being broken and one of his legs crushed under the wheel of a baggage truck. The tibia was smashed, or rather pulverized, into innumerable splinters, many of which were removed; and the fibula was in a like desperate condition. Although, from the nature of the case, a conservative course seemed to be rather hazardous than otherwise, nevertheless an attempt was made to save the leg. The limb was placed on a splint, and subjected to continued irrigation for the space of thirty-seven days, the quantity of water daily used in the process varying from twenty to twenty-five quarts. At the end of three months the few remaining shreds of periosteum began to resume their bone-making functions; and so successfully is this second crop of osseous tissue proceeding at the present moment, that ere long the entire tibia will have been replaced by new material, and the boy be able to walk without crutches.—*Lancet*, Aug. 31, 1861.

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Alum and Rhatany in Saccharine Diabetes.—M. Demeaux, in a communication to the Academy of Sciences, intended as preliminary to a more detailed statement, declares that he has treated diabetes very successfully by means of calcined alum and extract of rhatany given in equal parts.—*Gazette Méd. de Paris*, No. 31.

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Santonine.—Dr. Rose, of Berlin, has lately published some observations on Santonine, the results of a series of experiments made by him with the view of fully investigating the nature of this hitherto ill-understood drug. It had for some time been suspected of possessing actively poisonous qualities; but by subsequent examination it was ascertained that, in consequence of a most unaccountable mistake on the part of a large manufactory of chemical preparations, strychnine had been mixed with santonine in considerable proportions, and had caused the accidents previously attri-

buted to the latter drug. Dr. Rose announces that santonine is an acid, almost insoluble in water, and only slightly so in alcohol. It assumes the crystalline form, turning yellow under the solar influence, without undergoing decomposition. He has swallowed as much as a scruple without great inconvenience. Its taste is bitter and disagreeable; it has a decided action on the kidneys, less marked (as might be expected) in hot than in cold weather. The toxical effects of the drug consist in the production of an indescribable torpor, and to this cerebral *modification* Dr. Rose ascribes the green tint which patients generally complain of when undergoing a course of santonine. The *essential oil* also extracted from semen-contra is decidedly poisonous, and half a drachm thereof will kill a rabbit; it also possesses anthelmintic qualities, but in a less degree than santonine. The santonate of soda, which has been recommended, Dr. Rose does not consider to possess any advantage over santonine.—*Lancet*, Sept. 7, 1861.

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Mode of Action of Certain Poisons on the Heart.—An interesting communication was made to the Academy of Sciences at its last meeting, by MM. Dybrowski and Pelikan, relative to the mode of action of certain poisons upon the heart. The experiments were made upon frogs, and the poisons (upas antiar, tanghinia venenifera, digitalis, and green hellebore) were either administered by the mouth or inserted under the skin in various parts. The results were constantly the same: the heart's action was arrested, although the nervous irritability and voluntary muscular power of the animal persisted for a considerable time. The first effect of these poisons was in all cases the same—namely, that of paralyzing the heart whether inserted under the skin or given by the mouth. The average duration of the heart's action after the exhibition of the poison was, in the case of the upas, tanghinia, and hellebore, ten minutes; and in that of the digitaline, from ten to twenty. The action of the ventricle in the frog was invariably found to be arrested in systole; it was strongly contracted, pale, and quite empty, whilst the auricle was distended and gorged with blood. The contractions of the heart were sometimes accelerated at the commencement of the experiment, at other times they were less frequent from the beginning. The paralysis, or rather arrest of motion, in the case of the ventricle is sudden after a certain period in the diminution of the pulsations; that of the auricle is gradual and almost imperceptible—its contractions outliving those of the ventricle by some minutes. MM. Dybrowski and Pelikan have proved by experiment that these poisons exercise their deleterious influence upon the heart independently of the cerebro-spinal system, and that in those animals in which the medulla oblongata and pneumogastric nerves had been previously destroyed or divided, the toxical effects of these agents were equally manifest. They therefore consider that the action of these poisons is due to a special influence upon the nervous elements of the heart, or else upon two systems of nervous apparatus—the one presiding over the movements of the heart, the other possessing the office of regulating or diminishing these movements.

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Pus-Cells in the Air and the Aëroscope.—During an epidemic of purulent ophthalmia, which occurred at the Foundling Hospital, near Prague, Dr. Eiselt had the opportunity of proving in his own person that infection may take place in other ways than by contact. As the attending physician, he took every precaution to protect his own eyes from any contact with the matter proceeding from the children, which it was easy for him to do, inasmuch as the syringing and cleansing of their eyes was performed by the sisters of the establishment. Still, being engaged in the hospital for several hours daily, he perceived smarting and heaviness of the eyes, followed afterwards by reddening of the conjunctiva, with an œdematous state of the portion lining the eyelids, and a considerable secretion therefrom. The same symptoms were observed in all the persons who had care of the children. Some of the nurses became seriously affected from getting matter into the eyes, and others they knew not how. The inconvenience, as regards the author, was checked by the use of weak stimulant collyria.

He asks, How comes it that acute purulent ophthalmia may thus be excited without any contact, in the common sense of the word? and refers in explanation to Pouchet's recent experiments with the aëroscope as described in the *Comptes-Rendus* for 1860. Professor Purkinje constructed a similar

instrument for his use. Its principle consists in forcing a determinate quantity of the air to be examined over a glass plate smeared with glycerine, which detains the particles of dust and microscopic structures for examination. By means of this instrument (for details of the structure of which we must refer to the paper) the air was examined which existed in a ward containing thirty-three children suffering from acute purulent ophthalmia, accompanied by abundant secretion. Pus corpuscles were at once detected in the portion of air examined; and this fact the author considers supplies the rational explanation of the propagation of the disease without apparent contact with the secretion from the eyes.—*Wochenblatt*, No. 13.

[In No. 19 of the *Wochenblatt der Zeitschrift der Gesellschaft der Aerzte zu Wien*, Dr. Schneider gives an account of a new apparatus for analysis of the air, in which he employs cotton-wool in place of glycerine.]—*Medical Times and Gazette*, Sept. 14, 1861.

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Destruction of Infant Life in England.—Of the deaths in England, in 1859, no less than 184,264—two in every five of the deaths of the year—were of children under five years of age; and above half of these—105,629—had scarcely seen the light, and never saw one return of their birthday. A very large number of these early deaths are from debility and causes which prove that the children never had much chance of life, but many are suffocated, or otherwise killed, accidentally, carelessly, or worse. In the last five years, within the metropolitan district alone, at least 278 infants were murdered; above 60 were found dead in the Thames, or the canals or ponds about London, and many more than 100, at all events, were found dead under railway arches, on doorsteps, in dust-holes, cellars, and the like.—*Medical Times and Gazette*, August 24, 1861.

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Physical Training.—Among the Parliamentary Papers recently issued, are two small volumes containing some information collected by Mr. Edwin Chadwick during the recent education inquiry. Mr. Chadwick shows in these papers that the present practice of long hours of teaching is a wide cause of enervation and predisposition to disease, and induces also habits of listlessness and dawdling. The half-time system is found to give nearly, if not quite, as good education as the whole time; and common sense tells us that a boy who has acquired the same amount of knowledge in half the time of another boy must have obtained a proportionately superior habit of mental activity. It is this alertness, combined with the bodily aptitudes created by drill, that gives the comparatively stunted boys of the town a preference over the strong, robust lads from the coast. Good schoolmasters say that about three hours a day are as long as a bright voluntary attention on the part of children can be secured, and that in that period they may be really taught as much as they can receive; all beyond the profitable limit is waste.—*Ibid.*

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Changes in the London Hospitals.—The Governors of St. George's Hospital, at a special court, have decided that no physician or surgeon shall hold office beyond a period of twenty years; at the end of which time they shall become consulting physicians and surgeons. It is intended, moreover, that these consulting officers shall not be merely ornamental—they are also to be useful, and are to be *bonâ fide* called into consultations. At St. Bartholomew's, also—a hospital which has been remarkable for the longevity and tenacity of office of its medical officers—changes are taking place. A short time ago, Mr. Wormald, after having been assistant surgeon more than twenty years, gained his promotion by the retirement of Mr. Lloyd; and now a similar step has been gained by Mr. Paget, in consequence of the retirement of Mr. Stanley. The resignations of Messrs. Lloyd and Stanley have been entirely voluntary; and there can be no doubt that their desire has been to give such able men as Mr. Wormald and Mr. Paget a chance of filling the vacated posts for some time to come with credit.—*British Med. Journ.*, July 13, 1861.

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Influence of Telegraphing on Vision.—It is stated that in France some of the persons employed in reading the electric telegraph messages are beginning to suffer in their vision—the rotation of the needle producing a peculiar and damaging effect upon the retina. When the eye is in this morbid state, the vision is double, and everything appears as if seen through a mist. It is stated, that the pay of these *employés* is

very small, and that they in consequence work during extra hours.—*Ibid.*

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Antiquity of the Human Race.—Until very recently, zoologists as well as geologists were agreed that man did not exist before the Deluge. Some of the most eminent men of science even contended that, at that period, when the extinct races of elephants, hippopotami, and rhinoceros, together with tigers, leopards, and hyenas, lived in this quarter of the globe, man could not possibly have existed. Thus Cuvier, in his treatise on the revolutions of the globe, said, it was settled that fossil human bones had no existence; and it is true that those which had been at first described as of gigantic human beings, were soon recognized to be remains of mammoths and other animals. But even then the question was not so entirely settled as the great French anatomist believed it to be. It was well known, that, in ravines and excavations of rocks, which had, by some catastrophe, become inaccessible to men, and which had not been visited for ages, human bones were found, together with such of antediluvian bears, hyænas, hippopotami, buffaloes, etc., and in some places they were even enveloped and covered with stalactites. This was explained by the supposition, that human remains had only come into those caves by some accident within our period of creation, long after the animal remains had been buried in it; but this was merely an hypothesis, and could not but be open to objection.

Recent discoveries can no longer leave any doubt on the philosophical mind that man really co-existed with the great mammalia of the diluvium; and although there are still those who deny this conclusion, the most eminent men of science have become converted to this theory. That the question has at last been cleared up, is solely to be ascribed to the researches of M. Boucher, who, during his whole lifetime, has worked at the elucidation of this problem, which he studied as far back as 1805, when at Marseilles, and visiting Roland's grotto, in which he searched for fossil human bones. He soon came to the conclusion that man had existed at a much earlier period than is generally supposed; in the first instance, he thought that the tradition everywhere extant of a human race destroyed by the flood could not possibly be without foundation. In that period there existed mammalia closely related to man, which could only live under the same atmospherical conditions as he, so that the earth was certainly inhabitable for mankind. He also found traces of man wherever the remains of the larger mammalia were found, and where no fossil remains of our species could be discovered, M. Boucher believed that they had been either destroyed or overlooked.

After long study the indefatigable zeal of M. Boucher was at last rewarded. He found in certain layers of the earth a few flints, which had evidently been shaped by the human hand. Although this was, to M. Boucher's mind, a further proof of his theory, the learned world refused to accept it as such, and it was objected to him that these implements were not at all like those carefully-shaped and well-sharpened stone-hatchets which are not unfrequently found in the most ancient tombs. M. Boucher then no longer sought allies in the learned world, but amongst the working men in the stone-pits, to whom he made known his object; and in 1840 he was in possession of twenty flints evidently shaped by men, which had been found in diluvial layers. He then gained some adherents to his views, but was still, by the majority of *savans*, believed to be a monomaniac.

Even so late as 1858 the French ridiculed his ideas. The learned societies refused to examine his propositions, and when he offered to make the government a present of his collection, this offer was not accepted. At last, by a happy accident, Mr. Falconer, Vice-President of the Geological Society of London, was induced to visit Abbeville. He inspected the cabinet of antiquities collected by M. Boucher, and gave a report of it on his return to England. From that time many English geologists travelled to Abbeville and to this city, and there appeared, one after the other, Messrs. Prestwich, Evans, Godwin Austen, Flower, Mylne, Sir Roderick Murchison, and at last the leading English geologists, Sir Charles Lyell. After having carefully examined the drift, they all agreed with M. Boucher, and came to the conclusion that these flint implements were shaped by men, that they were found in virgin soil, that they were connected with the remains of an extinguished species, and that the period of them was anterior to the time when the

surface of the earth had received its present configuration. Thus M. Boucher had, as he expressed himself, gained his action in England.

In the neighbourhood of Abbeville, in the valley of the Somme, immense diluvial layers exist, which rise to more than ninety feet above the level of the river. As they are cut through by the fortifications of Abbeville, by canals and by railroads, it is not difficult to examine them. The most important point is near Menchecourt. In some of these layers millions of large flints are met with, amongst which are some evidently shaped by the human hand. These are found from fifteen to thirty-six feet below the surface. The larger of them have probably served for hewing, and M. Boucher calls them hatchets. Close to these implements river and sea-shells were found, such as now only exist in the Nile and other rivers and lakes of the torrid zone; for instance, *cyrene fluminalis* and others. Fossil bones of rhinoceros, mammooths, hippopotami, and an extinct species of oxen, which have been much larger than those of our time, have also been met with there. Near this city, where the geological formation is nearly the same as in Abbeville, the diggings have had the same result. M. Albert Gaudry, who was charged by the Parisian Academy of Sciences to search for such implements, found in a few days nine flints shaped by man, together with shells, fossil bones of large oxen, of a horse and other animals. These hatchets do not at all resemble the cuneiform hatchets which have been found in ancient tombs. They are exclusively made of flint, are of very rude workmanship, and either longitudinal and acute, or oval. M. Boucher believes that they were made by knocking off small pieces by means of hard stones, just as the primitive knives, lances and arrows of the Germans. No polishing or grinding was attempted; the hatchets were either used with the hand as they were, or they were fixed in sticks or clubs. The wood has of course not been preserved, but on the larger specimens there are pegs, to the upper extremity of which the wood was evidently fixed. Narrow blades of stone were also found, which were probably used as knives, and stones with indentations which could be employed as saws.

It was at first always objected to M. Boucher, that the flint implements just described were only found at Abbeville and Amiens, but not in other places. M. Boucher replied to this, that it was not his fault, as indeed all his endeavours to excite colleagues of his to similar researches failed, until one of your countrymen who visited Abbeville, Mr. Prestwich, recollected that at the end of the last century shaped flints had been found close to fossil remains of animals, in the village of Hoxne, in Suffolk. He therefore, immediately on his return to England, proceeded to Hoxne, where he examined the diluvium, and was informed by the working men that quite recently some flints had again been found there. He then commenced digging himself and found, about nine feet below the surface, not only bones of mammooths and oxen, but also flint hatchets which quite resembled those discovered by M. Boucher. Some months afterwards M. Goose, of Geneva, dug in the stone-pits of Grenelle, near Paris, which are quite similar to those of Abbeville; and found, at twelve to fifteen feet below the surface, two round hatchets, fifty knives and a few other pieces which had probably served as tops of lances and arrows.

It is, therefore, now impossible to doubt, that man was already in existence when the colossal mammooth, the hyæna, the tiger, and the gigantic deer lived in our latitudes. That the instruments then made by men are of very rude workmanship, is no matter of surprise, as even in later periods, hatchets were made which are only different from those mentioned above by being ground on whet-stones; besides, we must recollect, that in the torrid zone far less finished instruments are sufficient for man than in the moderate and cold climates. It is true that fossil bones of man have not yet been found; but that we may not despair of discovering such, is shown by the interesting circumstance, that quite recently a human skull was found in a limestone cave in the Neanderthal of Rhenish Prussia, which was totally unlike any other human skull ever found before. This skull has been described in Müller's *Archiv*, by Professor Schaaffhausen, of Bonn, who found it to be similar to that of the chimpanzee and gorilla; he ascertained that it belonged to the period at which the animals of the Deluge still existed, and that it was not a pathological malformation, but of a typical race character. Those of

your readers who wish for some more information on M. Boucher's discoveries, will find it in his "Antiquités Celtiques et Antediluviennes" (with eighty plates); "Essais Philosophiques sur la Création;" and especially in the *brochure*, "De l'Homme Antédiluvien et de ses Œuvres." Paris: 1860.—*Med. Times and Gaz.*, Sept. 7, 1861.

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Rapidity of Growth of Fungi.—Mr. WARD, in his work "On the Growth of Plants in Closely-Glazed Cases," says of it: "I had been struck with the published accounts of the extraordinary growth of the *phallus impudicus*. I therefore procured three or four specimens in an undeveloped state, and placed them in a small glazed case. All but one grew during my temporary absence from home. I was determined not to lose sight of the last specimen; and observing one evening that there was a small rent in the volva, indicating the approaching development of the plant, I watched it all night, and at 8 o'clock in the morning the summit of the pileus began to push through the jelly-like matter with which it was surrounded. In the course of twenty-five minutes it shot up three inches, and attained its full elevation of four inches in one hour and a-half. Marvellous are the accounts of the rapid growth of cells in the fungi; but in the above instance it cannot for a moment be imagined that there was any increase in the number of cells, but merely an elongation of the erectile tissue of the plant." The force developed by this rapid growth and increase of the cells of fungi is truly astonishing. M. Bulliard relates that on placing a fungus within a glass vessel the plant expanded so rapidly that it shivered the glass to pieces with an explosive detonation as loud as that of a pistol; while Dr. Carpenter, in his "Elements of Physiology," mentions that "in the neighbourhood of Basingstoke a paving-stone, measuring 21 inches square, and weighing 83lbs., was completely raised an inch and a-half out of its bed by a mass of toadstools of from six to seven inches in diameter, nearly the whole pavement of the town being heaved up by the same cause." Every one has heard of the portentous growth of the fungi in a gentleman's cellar, produced by the decomposing contents of a wine cask, which, being too sweet for immediate use, was allowed to stand unmolested for several years. The door in this case was blocked up and barricaded by the monstrous growth, and when forcible entrance was obtained the whole cellar was found completely filled, the cask which had caused the vegetable revel, drained of its contents, being triumphantly elevated to the roof, as it were upon the shoulders of the bacchanalian fungi.—*Macmillan's Footnotes from the Page of Nature.—Med. Times and Gazette*, Sept. 28, 1861.

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Death of a Quack.—M. Giraudeau de St. Gervais, the inventor of the medical *réclame* and advertisement, died a short time ago, leaving a fortune of four million francs (800,000 dollars). This individual was possessed of two *robs* for curing every syphilitic disorder, namely, the *rob Végétal Anti-syphilitique*, and the *rob Boyveau-Laffecteur*. By simultaneously advertising both, he created an apparent rivalry and antagonism between the two nostrums, and thus caused the interest of the public in them never to flag. His yearly expenses for advertisements amounted to 200,000 francs (40,000 dollars), and he had succeeded, nobody knows how, in obtaining the Greek order of the Redeemer, and the Cross of the Legion of Honour, *Requiescat in pace.—Ibid.*

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OBITUARY RECORD.—Died, in Dublin, on the 26th of September, JAMES WILLIAM CUSACK, in the 74th year of his age. This eminent practitioner was regarded as the head of the surgeons in Ireland, and for many years occupied the most distinguished position connected with it in Dublin. His death causes many vacancies. He was a Fellow of the Royal College of Surgeons, of which he had been more than once president; he was Consulting Surgeon of Steevens' Hospital, and of Swift's Hospital, a member of the Board of Superintendence of Hospitals, and on the death of Sir Philip Crampton, he was appointed Surgeon in Ordinary to the Queen. He also occupied the position of Regius Professor of Surgery in Trinity College. Till about a fortnight ago, he continued to discharge his duties at the hospitals, and to see patients at his house. An attack of bronchitis baffled the skill of his medical attendants—the most eminent men in the city. He was regarded as one of the greatest ornaments of the medical profession in Ireland, and was held in the highest esteem by the public.